The Bulletin

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- 164 YEARS AGO -

At a Meeting of the Governors of the Hospital at Brocks Tavern on Friday the 27th March 1772.

Mr. Hicks reported that the Petition from this Society to the General Assembly, was presented the 18th February last agreable to Order, and that in consequence thereof the House had been pleased to grant the Sum of £800. per Ann. to the Hospital for twenty years, and that An Act for that purpose had passed the Legislature.

Dr. Jones intending for England and having generously offered to make Collections while there for the benefit of the Hospital, it is Ordered that the President and Vice-President give power for this purpose to Dr. Jones under the Seal of the Corporation, and that he be further empowered to lay out such sums as he may judge necessary for the proper Medicines & Apparatus.
as he may judge necessary for the proper Medicines & Apparatus.

Mr. Peter N. B. Livingston laid before the Board a letter from the Earl of Stirling, directed to him as Treasurer of this Society, inclosing twelve ticketts in the Delaware Lottery from No. 601 to No. 612 both numbers inclusive, which his Lordship is generously pleased to give to this Society.
Ordered

That the President and Vice President acquaint his Lordship that the Society have received the ticketts he was pleased to send their Treasurer for the benefit of the Hospital, and for which they beg leave to return his Lordship their sincere thanks.

That the Ticketts be lodged in the hands of the Treasurer of this Corporation.

This Board desirous of being furnished with as many Plans for the intended Hospital as can be Obtained, it is Ordered, That the Secretary cause an Advertizement for this purpose to be inserted in the Public Papers.

PUBLICITY

The following information concerning publicity is printed at the request of the Medical Board;

"As we are making a change in our arrangements on Publicity, I think it may be helpful to outline the policy and methods of the Hospital with regard to giving out information.

"The New York Hospital takes the attitude that the patient's own wishes are the first consideration in connection with giving out information concerning him. If he has no objection, the Hospital will be glad to give out the information.

"We have decided to clear all initial inquiries concerning patients through the Superintendent's office (Extension 325) or when this number is not available through the Information Desk at the main entrance of the Hospital (Extension 7650).

"The most difficult situations, both for the newspapers and the Hospital, are those in which a patient insists that the fact that he is at the Hospital shall not be disclosed. In such instances, as well as in instances when the patient is not at the Hospital, we sometimes have to say that "There is no public record of this person being a patient here."

"In cases where the information desired concerns the general administration and policies of the Hospital, it is best to get in touch directly with Dr. R. R. Hannon, Superintendent."

THE PORTRAITS
DR. WRIGHT POST

Continuing the series of biographies, we have selected for this issue that of Dr. Wright Post, Attending Surgeon to the New York Hospital, 1792-1821, whose portrait hangs on the wall of the Doctors' Lounge on the 18th floor of the Main Hospital. It was painted by Samuel Waldo.

The subject of this biography is remembered generally as one of the most distinguished practitioners of his time, as a teacher of anatomy and surgery, and as one of the early masters of American surgery.

While his career is not marked, perhaps, by such brilliant episodes as those of Bard and Hosack, his work was characterized by a "perseverance of untiring industry and mastery of his art."

His achievements in practical operative surgery were pointed out with pride as an answer to the question "what have your American surgeons accomplished?"

"Modest, quiet, unobtrusive" is the description given him by one of his colleagues of the faculty of the College of Physicians

and Surgeons, Dr. John Augustine Smith, in his eulogy of Dr. Wright Post, delivered in the chapel of Columbia College of October 8, 1828.

This Dr. John Augustine Smith was the great grandfather of our present governor, Mr. Augustine J. Smith.

The address of eulogy was made at the request of the Medical Society of the County of New York and it is interesting to know that, after the eulogy had been delivered, a vote of censure was passed by the County Medical Society against Dr. Smith, because in extolling the accomplishments of his friend and colleague he had credited surgery with greater progress than medicine.

A timely motion to adjourn prevented the censure from being carried out.

Speaking further of Wright Post and his personal character, Professor Smith dwells at length on the absence of self-exploitation, publicity, or ostentation. "For in this age (1828) of noise, bustle, show, and glitter," he says, "something striking is always required and, if there is nothing dazzling, many infer that there is nothing to admire." "But," he continues, in another passage, "if Dr. Post was not extraordinary or noteworthy, how did he come to be a lecturer in anatomy at 23 and a leader of his profession at 30?"

He ascribed this achievement to the confidence placed in him by the public and the good opinion held by the faculty.

The only two biographical references concerning Dr. Wright Post in the catalogue of Surgeon-General's Library are the eulogy by Dr. John Augustine Smith and an introductory lecture by his pupil and successor, Valentine Mott. Both state even at that time that they had been unable to obtain more information as to his early life. The few facts cited readily explain such absence, as his whole life was devoted to the mastery of his profession.

He was born in North Hempstead, County of Queens (now Nassau), Long Island, on February 19, 1766. He was the son of Jotham Post. His mother was the daughter of Benjamin Wright.

According to his relatives, he was of a remarkably quiet, amiable, and accommodating disposition, but was resolute and firm in his purpose and industrious and active both bodily and mentally.

His morals during his boyhood were said to have been very correct. His mother has been heard to remark that his conduct was such as to afford her no occasion for uneasiness or trouble on his account.

He completed his classical studies under the tutorship of David Beatty and at the age of fifteen (1781) was placed by his parents as a student of medicine with Dr. Richard Bailey, at that time one of the most celebrated surgeons in the city of New York.

After remaining with Dr. Bailey four years, he proceeded to London and became a house pupil of Mr. Sheldon, who had gained a reputation as a teacher of anatomy and surgery. Through the zeal of this master, he soon acquired a love for anatomy and a masterly use of the scalpel in making dissections and preparing anatomical specimens.

After an absence of two and one half years, he returned to New York in 1786 and commenced the practice of his profession. He began his lectures on anatomy in the unused portion of the New York Hospital, while surgery was taught by Dr. Bailey. These efforts were interrupted by the well-known "Doctors' Mob" in 1788.

In 1790, he married the daughter of his preceptor, Dr. Bailey, with whom he became associated in practice.

In 1792, he was appointed Professor of Surgery in Columbia College, while at the same time, Dr. Bailey was appointed to the chair of anatomy, and Attending Surgeon to the New York Hospital

He sailed for Europe again the same year, not only to further his studies, but to obtain preparations and specimens for an anatomy museum or "cabinet", referred to by Dr. Smith in his eulogy as the first of its kind in the country.

According to Valentine Mott, his pupil and associate, "Dr. Post now entered with great devotion upon the duties of practical life. His early operations were marked with that freedom of thought and action which would arise only from a thorough knowledge of the principles upon which he was proceeding, — principles essentially dependent upon a minute acquaintance with the anatomy of the parts and of the best modes then known or practiced of conducting an operation."

His accomplishments in the medical world give him practice and fame, both at home and abroad. In 1796, he successfully tied femoral artery for surgical aneurism of the popliteal artery, caused by a bayonet wound. In 1813, he tied the external iliac artery for an inguinal aneurism, being second to Dr. Dorsey, of Philadelphia, in this operation in the United States. Post's was considered the more difficult operation, because the peritoneum had to be opened.

His master stroke in surgery was the first successful tying of the subclavian artery in 1818, for brachial aneurism. In this operation, he used for the first time the American needle employed in the ligature of deep vessels, belonging to Valentine Mott, who assisted him. The success of this operation, after the failure of such foreign surgeons as Ramsden, Abernathy, and Astley Cooper, was a triumph for American surgery.

In 1793, he exchanged places with Dr. Bailey, assuming the chair of anatomy, while Dr. Bailey took that of surgery. From that time until 1813, he discharged the duties of professor of anatomy and physiology.

When the medical faculty of Columbia College united with the College of Physicians and Surgeons, Dr. Wright Post was appointed to the chair of anatomy and physiology in connection with Dr. John Augustine Smith. As it was noted in our last issue, Samuel Bard was the president of this new faculty, while David Hosack was professor of "physic" and clinical medicine.

In 1814, the University of the State of New York conferred on Dr. Post the honorable degree of Doctor of Medicine.

In 1815, his health having become impaired and his constitution never having been strong, he made a third voyage to Europe, visiting especially in France the schools of Paris and Montpellier. He returned with greatly renewed health and resumed with "more caution and selection, his attention to the calls that were soon accumulated upon him."

According to Valentine Mott, few professional men in any country ever enjoyed a larger share of the public confidence and esteem than Dr. Post and no man among his professional brethren was ever consulted with more general willingness than he.

In his intercourse with his fellow practitioners, his deportment was uniformly correct. He took pleasure in increasing the confidence of patients and their friends in the judgment of their own physicians or surgeons. He was emphatically a friend of the junior members of the profession. He never trampled upon their rights nor intentionally hurt their feelings.

In another part of his eulogy, John Augustine Smith sums this up as follows: "And what renders Dr. Post's character in this respect the more praiseworthy is that, while personally correct himself, he well knew how to rebuke and to punish any medical man who would infringe in regard to him, those rules of good conduct and general gentility which should regulate medical intercourse."

In 1816, he was chosen a trustee of Columbia College. He was also a charter member of the Literary and Philosophical Society, a member of the New York Historical Society and an active officer of the Medical Society of the County of New York.

In 1821, after Dr. Bard's death, he was appointed his successor as president of the College of Physicians and Surgeons.

In 1821, he resigned as Attending Surgeon of the New York Hospital and was appointed Consulting Surgeon, which position he held until the time of his death in 1828, when, his health having been im-

paired, he moved to his country place at Throgg's Neck in Westchester County and after three weeks quietly passed away.

In his inaugural lecture, Dr. Valentine Mott sums up his accomplishments as follows: "As an anatomist, his knowledge was *minute, thorough,* and *comprehensive.* As a physician, *discerning, practical,* and *judicious.* As a teacher, *correct, lucid,* and *impressive.*"

He was not given to great brilliancy of speech and, excepting a few papers describing his surgical cases, he left nothing behind as an evidence of literary talent.

In life, he pursued the even tenor of his way, unelated by the distinctions he had gained, confiding his modest pretensions to the ordinary reward attendant upon his daily actions, leaving it to others to proclaim his merit.

In closing his eulogy, John Augustine Smith makes the following deductions from Post's life: "First, that fortune is not so capricious in her ways as many imagine; and second, to secure those favors, in other words to attain the success of Dr. Post, we must first acquire his skill and tact and what is perhaps more difficult, certainly more rare, we must practice these qualities with his steadiness and virtue."

ISAAC ROOSEVELT
Fourth President

The spark, kept alive by his predecessors during the uncertain years following the Revolution, burst into steady flame under the Presidency of Isaac Roosevelt and the Hospital turned from an idea and a wish into solid fact.

The son of Jacobus and Catherine (Hardenbrook) Roosevelt, Isaac Roosevelt was born in New York on December 8, 1726. The Rooseveltian dynasty at Harvard had not then been founded, and Isaac passed directly from adolescence into his father's sugar refinery, inheriting the business on the latter's death.

An outstanding success in commerce, Mr. Roosevelt soon assumed a prominent place in public life, being distinguished by that same sense of social responsibility which permeated so many of his contemporaries. His future career as Governor and officer of the Society of the New York Hospital was forecast by his charter membership at the first launching of this great ideal.

Politically he was one of the most prominent Whigs of his time and when the British troops occupied New York he abandoned his extensive holdings and established his residence up the Hudson in the town of Kingston. He was very active in Revolutionary affairs, being a member of the convention that framed the State Constitution in 1777.

Sometime during this period he married Cornelia Hoffman by whom he had several children. The present President of the United States is a direct descendant, while Theodore Roosevelt was a collateral descendant.

From 1786 to 1790 Isaac Roosevelt was State Senator and in 1788 participated in the convention which ratified the Federal Constitution.

Mr. Roosevelt's close association with the New York Hospital began in 1780, when he was elected a Governor. His name appears frequently in the records of the chaotic years during and following the Revolution. It was he who actually started the Hospital on its road to completion by first requesting that the Legislature be permitted to meet in the Hospital buildings and then by arranging that State funds should be used to put at least a portion of the plant, sadly damaged by the war, in repair so that the Legislators might meet in reasonable comfort.

The Vice-Presidency came to him in 1788, and in 1790, when Richard Morris retired, Isaac Roosevelt became the fourth President. Under him, the Hospital actually embarked on its long career.

The contemporary records are fascinating reading. Plans, contracts, arguments and compromises are set forth, culminating with the admission of the first patient on June 3, 1791.

Shortly after this, a committee on the Board met to determine a fair figure for an annual budget. Their findings, in light of present day conditions, are staggering. After carefully weighing all considerations and contingencies, the Committee announced that, allowing for sixty patients per year, the cost to Hospital per patient per annum could not be less than twenty-two pounds sterling. As for the patients themselves, once the Hospital was opened, they were required to guarantee payment of ten shilling per week, which apparently covered all their costs.

We also note that John Reay was employed as Steward at an annual salary of forty pounds. Did the Board have in mind the schoolmaster of Goldsmith's "Deserted Village" "And passing rich on forty pounds a year"?

Properly to treat this period would require far more space than is available, but the bare notation of the acts of the Governors forms a network which the mind may fill in. Finding that funds were dangerously low, the Board applied to the Legislature for a grant, and was alloted the sum of two thousand pounds a year for five years.

In 1792 there occurred an event of great importance, namely, the admission to the Hospital of the first mental case. From this lone admission sprang, in the course of the years, the establishment of Bloomingdale Hospital and later the Payne Whitney Psychiatric Clinic.

In 1793 a committee of the Board took up the task of drafting appropriate By-laws for the Society, many of which are in force to this day. The following year these By-laws were duly ratified, but before they could be put into effect the Board was stricken by the sad news that they would be administered by a new President, as Isaac Roosevelt had died suddenly at the age of sixty-eight.

Mr. Roosevelt's portrait, which is the last in the upper row on the north wall of the Board room, is a copy by Julian Scott. The original, attributed to Gilbert Stuart, hangs in the home of Franklin D. Roosevelt at Hyde Park, New York.

Many visitors to the Hospital have found a marked resemblance between the portrait of the fourth President of the Society of the New York Hospital and those of the thirty-second President of the United States.

DEPARTMENT OF SURGERY

Perusal of the history of any institution or hospital yields many facts of interest. Prior to the inception of our present hospital facilities, the old New York Hospital did not have a distinct, separate and integral ear, nose and throat service.

Several men of outstanding abilities and marked professional attainments did, however, give unstintingly of their time and interest to this phase of the hospital's work. The ground work was thus laid for our present Otolaryngological service to the hospital.

The roster of this branch of the Department of Surgery contains twenty-two names. Each succeeding year brings more diversified activities to the staff as we strive for the ultimate in service to the hospital at large. Various members of the staff have been assigned to different services in the hosiptal.

These departments have distinct individual problems which require the sole attention of a staff member whose attainments particularly fit him to cope with it. The spirit underlying many of our individual efforts has been typified by a quotation of Henry Adams, "They know enough—who know how to learn." Constant effort is expended to bring home the realization of unlimited opportunities for auto-education which is the prerogative of each staff member.

The clinic or outpatient department is situated on the eighth floor in building F. Careful planning has yielded the maximum in the utilization of space.

There are twenty-two completely equipped individual treatment booths. The arma-

mentarium is such that it leaves nothing to be desired. Eighteen of these booths, situated in the main portion of the clinic, bear the case load of the daily clinics which run from two to five o'clock in the afternoon. The average daily attendance is approximately seventy-five individuals.

Separate care and attention is given medical students, nurses and personnel.

The fourth year class of medical students is assigned in groups of six to the outpatient department. A separate room, yet an integral part of the clinic becomes their home during their sojourn with us.

This contains the identical equipment of the main clinic and contains individual treatment booths. Instructors of the staff direct the practical application of their theoretical knowledge. During the latter part of their course these students are given one hour talks on special problems of ear, nose and throat by the more experienced members of the staff.

Ambulatory cases from other divisions of the hospital are examined in the clinic. These cases receive the attention of the staff member on the pavilion service.

The Bronchoscopic room lies just off the clinic proper. On each Tuesday morning a Bronchoscopic clinic is conducted. This phase of the service has shown a progressive increase during the past year.

Accurate statistics are being constantly kept and these give many enlightening facts. From September, 1932 to September 1934, there were 37,879 visits made to the clinic; 11,162 were first admissions or cases new to the clinic. The Bronchoscopic clinic averages four cases each clinic session.

From October 1, 1934 to September, 1935, operative procedures to the number of 467 were performed on cases occupying pavilion beds, five in number, on F 9 South. For a like period of time the semi-private portion of our service saw the performance of 306 operative procedures.

VISITORS

On February 27, 1936, the members of the Wisconsin Surgical Club were entertained by the Department of Surgery of the New York Hospital. Operative Clinics were given by the staff members of the Surgical Department in the morning. Lunch was served in the lounge on the 18th floor. The afternoon was devoted to the presentation of Clinical and Experimental work by the members of the Department of Surgery.

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NOTICE

Dr. Oskar Diethelm, recently appointed Psychiatrist-in-Chief, by the Board of Governors, assumed his duties at the Payne Whitney Psychiatric Clinic on March 1, 1936.

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CENTRAL LABORATORIES

Statistics Reflecting Hospital Growth

Statistical information is likely to arouse but little enthusiasm in the reader unless he has a special interest in the facts that are displayed. In an organization like the New York Hospital, however, a statistical survey provides the only means whereby a worker in one unit can get a clear idea of the volume or scope of the activity of a service department which contributes, in one way or another to a number of hospital units.

There are probably comparatively few who appreciate that in this institution there are more than fifty units that order supplies and examinations and that the amount of work or service demanded by any one of them must be multiplied many times if one is to obtain an idea of the volume of the activities of a service department.

The Central Laboratories serves not only these more than fifty units in the Hospital, but in addition supplies a large amount of material, chiefly in the form of culture media, used in both teaching and research in Cornell Medical College. When the figures representing the volume of this work are collected it is seen that the activities of the Central Laboratories assume some of the aspects of what is called "big business" and that further they show a steady growth in volume that would be regarded with extreme satisfaction by any big business now operating.

In view of these observations it is thought that it would be a matter of general interest to present some of the figures showing the extent of this work of the Central Laboratories. The following tabulations give the figures for the year 1935 compared with to those for 1934 and 1935.

Kline and Wassermann tests on blood:

1933	16,377
1934	17,461
1935	19,980

Chemical tests of blood

1933	10,395
1934	12,685
1935	14,518

Bacteriological examinations

1933	10,022
1934	12,036
1935	16,454

Other examinations

1933	10,068
1934	13,119
1935	13,524

50% Dextrose Solution in 100 cc flasks

1933	4,624
1934	7,916
1935	9,151

Citrate Solution for transfusion—number of bottles

1933	172
1934	1,919
1935	2,655

Culture media issue, total number of pieces

1933	41,942
1934	64,969
1935	70,278

The above figures thus demonstrate an increase in two years from 46,862 to 64,476 or 37.5% in the total number of laboratory examinations and from 46,738 to 82,084 or 77.7% in the number of the more frequently used manufactured items and of the culture media issued by this department.

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BUS SERVICE

The Hospital bus-line made its last run on February 15, 1936, thus terminating a service which was initiated on September 8, 1932. During this period the busses carried the amazing total of 3,025,235 passengers, and covered a total distance of 210, 114 miles. While these figures are striking, perhaps the most remarkable fact is that during the years of operation, there was not one accident in which the operatives of the busses were in any way involved, a fine tribute to the care, both in maintenance and operation, of those responsible.

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"To know what to do is Wisdom
To know how to do it is Service"

—Anonymous

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ATHLETICS

A New York Hospital Athletic Club has been recently organized to provide recreational activities in the field of sport for New York Hospital employees.

The St. John's Church has graciously given over the use of its gymnasium one night a week for the exclusive use of hospital employees.

Negotiations are also under way for the use of some athletic field, as soon as the weather permits, for the purpose of organizing a N. Y. Hospital base-ball or soft-ball team or a league of departmental teams.

Anyone interested please leave name with Mr. Hanning.

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Wearing new uniforms the New York Hospital A. C. basket-ball team recently defeated the well-coached Lenox Hill Jayvees 30—27 before a capacity crowd.

Troubled by the Lenox Hill shifting five-man defense throughout the first half the N. Y. H. team found itself on the short end of a 18—9 score at the half-way mark.

Rallying nicely after the intermission the Lenox Hill lead was quickly cut down with the N. Y. H. aggregation pulling away to win in the exciting final moments of the game.

This victory marked the sixth out of seven starts.

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LANGUAGES

The February issue of the Bulletin carried a request that those connected with the Hospital in any capacity having a command of one or more foreign languages send their names and qualifications to Dr. Hannon. The response to this request has been extremely interesting and has shown a wide distribution of languages throughout the organization.

To date the following information has been received:

French	8
German	7
Greek	3
Dutch	2
Turkish	2
Armenian	2
Russian	1
Czech	1
Bulgarian	1
Serbo-Croat	1
Polish	1
Japanese	1
Chinese	1
Hungarian	1
Italian	1

It is hoped that this start will encourage those who have not yet submitted a statement to communicate with Dr. Hannon as soon as possible.

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DEPARTMENT OF ENGINEERING

The Manufacture of Ice

In this building we do not make any great amount of ice, in fact our total capacity is 3½ tons. A rectangular tank open at the top and about 3½ feet deep is filled with 153 cans each containing 50 pounds of fresh water. These cans are surrounded with a cold brine at a temperature of 15° Fahrenheit. The brine surrounding these cans is continually being removed from the tank, recooled and recirculated around the cans Eventually, due to this cold brine the water is frozen into ice, which at the proper time is harvested.

Above the tank is a small traveling crane which will lift 2 ice cans at one time. The attendant hooks the chain from the windlass on the crane to 2 cans and raises them from the tank, he pushes the crane to the ice can dump where he lowers the cans into a cradle where hot water is sprayed upon the outer surface of the cans until the ice cake is free to fall out. As the ice cake slides free of the can it slides down a ramp through a small door into the cake ice storage room, the attendant then replaces the cans in the ice tank and refills them with water to be frozen again.

The liquid used will be carbon dioxide. This corresponds to a liquifaction temperature between 70° and 90° Fahrenheit. In order to perform useful refrigeration the pressure must be reduced to such an amount that the corresponding boiling temperature will be suitable for the conditions prevailing, say 10° to 20° Fahrenheit. The liquid is allowed to expand from a high pressure into a low pressure through a reducing or expansion valve, into a suitable chamber, which in our case is a series of double pipe coolers, this consists of a 2½ inch pipe surrounding a 1½ inch pipe, the gas expands into the 2½ inch pipe and in so doing extracts the heat from the cooling agent, which in our case is a brine composed of calcium chloride and water. (For the information of our readers any volatile liquid expanding from a liquid state to a gaseous state will create a chilling effect upon the space or elements surrounding it.) The volatile liquid (under heavy pressure) after expanding into a gas under a low pressure flows to the suction side of a pump or compressor where it is compressed to a heavy pressure and discharged to a condensor where it is again condensed into a liquid, and then flows to the expansion valve where it is again expanded and extracts the heat from the refrigerating agent; this cycle goes on continuously.

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The Disposition of the Ice

We will now go to the disposition of the ice cake.

The attendant takes a cake of ice and puts it into the ice cuber where it is sawed into 2 inch cubes for the various departments who want cube ice. In case crushed ice is wanted the cake is put into the ice crusher. The crusher consists of a hopper at the bottom of which is a rotating drum which has steel hooks projecting about 1½ inches from its surface; as these hooks rotate around they catch in the cake of ice and break off small pieces until the cake is consumed. These small pieces of ice are collected and stored in the crushed ice storage room until wanted.

Certain departments of the hospital have a standing order for a certain quantity per day, which the attendant supplies daily or oftener if necessary.

At the close of the day the attendant gives to the clerk in the Engineer's office a list of the ice harvested, crushed, cubed and also the amount delivered to the various departments so that the proper charge off can be assessed on each department.

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OUT-PATIENT DEPARTMENT

In the January issue of the "Bulletin," we described the steps followed by new out-patients up to the time they take the elevator in the K building (7 or 8) and go to the respective clinic floor or department.

On each of these floors in the center of the waiting hall is located the clinic aide's desk. It is placed in full view of elevators, so that patients are seen as soon as they arrive on the respective floor.

A sign in the elevator car informs them, that as soon as they leave the elevator they should go at once to the clinic aide's desk and check their arrival.

If there are new patients for whom appointments have been made, this is checked, a department index card is filled out, and the department and date stamped on top of the record sheet.

The patient is then ready to be sent into the nurse for preliminary examination, which consists of weighing, taking temperature, pulse, blood pressure, and obtaining specimen for routine laboratory examination.

After this, they are sent to the room of the doctor to whom they have been assigned, according to the day's schedule.

Here the doctor takes the history and completes his examination, explains the nature of the condition, gives the patient necessary instructions in regard to treatment, or a prescription; he tells the patient when to come back again, and takes him back to the clinic aide together with the record and leaves the record with her. He tells her what special examination he wants done, what department the patient is to be referred to and the time of the next visit.

It is here that much of the detail of clinic administration comes in. An appointment for the return visit is made so that the patient will see the same doctor, for each doctor is not in attendance every day, nor is it always possible for the patient to return on a certain day.

The revisit may have to be spaced so that X-ray examination or laboratory tests may have been completed, and the report in the record. The patient must be told where and when such tests are to be done, the amount of special charges, and where they are to be paid.

There may be a refer to another department for an examination, which is to be done before the return visit, and for which an appointment must be made through the Appointment Desk.

This is done in order that the space may be checked off and overbooking for new patients avoided in a second department.

When all this has been explained to the patient and the clinic aide is certain that the patient understands, a requisition for the record under the date of the next visit must be filed in the "date file"—this may be a few days, a week, or several weeks in advance. It is sent to the record room the day before the appointment date, together with all the other requisitions for the same day in order that the record may be on the floor before the clinic session opens.

If the patient, after having completed his visit, should go to another department the same day, the record is sent by tube to the new floor and notice of such transfer sent to the Record Office so that it can always be located by this office.

It is not a wise practice to have a patient take the record himself. In all these transactions, the serial record number plays an important part. An error of any one of the six possible digits, may lead to irritating confusion and delay.

The day of the return visit, the histories must be carefully gone over to see whether the doctors' requests for special tests have been carried out; whether the reports of these tests have been recorded; whether the opinion of another department to whom the patient may have been referred has been noted in the progress sheet; whether information from another institution or doctor has been obtained; whether a letter to the referring physician has been sent and all such information assembled in the history folder.

Possibly the patient was unable to pay in full for some transaction at the last visit. A duplicate of the scrip charge slip is an indication to the clinic aide to ask for cashier's receipt for the unpaid balance. If it has not been paid, arrangement for extension of credit must be made with the executive office of the Out-Patient Department.

Where treatment has been carried on for some time, the cost of visits and special fees may mount up to a not inconsiderable sum. The question is then frequently asked by the patient as to how he may continue paying for his medical care. Such cases are referred either to the Admitting Office or to the executive office of the Out-Patient Department for re-rating.

The routing of patients is often rendered more complicated where different members of the family are being treated at the same time,—the mother being treated in one department, may bring her child, who is being treated in one of the Pediatric clinics, and is anxious to have the different appointments made for the same day to avoid unnecessary trips.

All cases present some medical social problem. The functions of the clinic aide therefore assume social implications in addition to routine administrative and business details.

An understanding of human nature and a sympathetic personality are necessary requisites; ability especially to understand the psychology of the sick. Every person reacts to sickness in some manner, according to intelligence, emotional makeup, or mental stability.

No two individuals react alike,—according to the dominating factor of fear, pain, suffering, anxiety, or bewilderment. Furthermore, sickness almost always affects a person's adjustment to environment, according to the social economic significance of the illness in the individual case, considering such aspects as temporary or permanent disability, vocational handicap, economic survival and welfare of family.

Many cases offer unusual social problems and are necessarily referred to the Social Service worker on the floor or to the central Social Service office for more intensive investigation, to determine the need for assistance or relief, especially if the patient is referred for hospital admission and happens to be the head of a family and its principal financial support.

This involves the Social Service Department which may contribute an interesting article for the "Bulletin" in the not too distant future.

From the above, it is readily seen that the work of the clinic aide requires close attention and a clear mind in order to keep all events in proper sequence and run off the various tasks without confusion, in spite of countless interruptions to answer the telephone, change dates of appointments, call out the doctors to answer special calls and in turn put in calls to other departments for consultation service, while at the same time explaining to the patients, the different things they have to do and why.

Such is the highly organized machine now required in medical practice.

Because of specialization in medicine, no one mind can master the entire field of medical knowledge, and a subdivision of labor becomes necessary.

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